

WORKERS' COMPENSATION DECLARATION

I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)

Policy No. 1061467 Company SCIF

☐ Certified copy is hereby furnished.
☒ Certified copy is filed with the county building inspection department.

Date 9/5/92 Applicant m. [Signature]

CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws.

Date _____ Applicant _____
 NOTICE TO APPLICANT: If, after making this Certificate of Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such provisions or this permit shall be deemed revoked.

LICENSED CONTRACTORS DECLARATION

I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.

License Number 517377 Lic. Class C-39

Contractor J&C Roofing Date 9/5/92

☐ I am exempt under Sec. _____

B.&P.C. for this reason _____

Date: _____

Signature _____

OWNER-BUILDER DECLARATION

I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions Code):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section 7044, Business and Professions Code.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code.)

CONSTRUCTION LENDING AGENCY

I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name _____

Lender's Address _____

I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above-mentioned property for inspection purposes.

[Signature] 9/5/92
 Signature of Applicant or Agent Date

APPLICATION FOR BUILDING PERMIT

COUNTY OF LOS ANGELES

BUILDING AND SAFETY

FOR APPLICANT TO FILL IN					
BUILDING ADDRESS <u>715 N Rowan</u>					
CITY <u>LA</u>	ZIP <u>90063</u>				
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT <u>2</u>				
TRACT <u>JANSS</u>	BLOCK	LOT NO. <u>32</u>			
OWNER <u>Carlos Montez</u>	TEL. NO. <u>269-8678</u>				
ADDRESS <u>3621 E Folsom</u>					
CITY <u>La</u>	ZIP <u>90063</u>				
ARCHITECT OR ENGINEER	TEL. NO.				
ADDRESS					
CONTRACTOR <u>J&C Roofing</u>	TEL. NO. <u>885-0776</u>				
ADDRESS <u>1019 W. 3rd</u>	LIC. NO. <u>517377</u>				
CITY <u>San Bernardino</u>	LIC. CLASS <u>C-39</u>				
SQ. FT. SIZE <u>800</u>	NO. OF STORIES <u>2</u>	NO. OF FAMILIES <u>1</u>	CHECK ONE		
DESCRIPTION OF WORK <u>Re-Roof</u>			NEW <input type="checkbox"/>		
			ADD <input type="checkbox"/>		
			ALTER <input type="checkbox"/>		
			REPAIR <input checked="" type="checkbox"/>		
			DEMOL <input type="checkbox"/>		
USE OF EXISTING BLDG. <u>Residential</u>					
APPLICANT (PRINT) <u>Matt Colville</u>	TEL. NO. <u>885-0776</u>				
ADDRESS <u>1019 W. 3rd St</u>					
PRESENT BUILDING ADDRESS					
LOCALITY					
MOVING CONTRACTOR		TEL. NO.			
ADDRESS					
REQUIRED SET BACK	YARD	HWY	TOTAL SETBACK FROM PROP. LINE	EXIST. WIDTH	
FRONT					
P.L.					
SIDE					
P.L.					
P.C. Fee \$ <u>48.75</u>	Permit Fee <u>49.25</u>				
	Issuance Fee <u>16.50</u>				
Investigation Fee	Total Fee <u>65.75</u>				
BUILDING ADDRESS <u>715 N. Rowan Ave.</u>					
LOCALITY <u>ELA</u>					
NEAREST CROSS ST. <u>Folsom</u>					
ASSESSOR MAP BOOK	PAGE	PARCEL			
USE ZONE <u>R2</u>	MAP NO. <u>3201</u>				
SPECIAL CONDITIONS					
DISTRICT <u>6</u>	GROUP <u>R3</u>	TYPE CONST. <u>I</u>	FIRE ZONE <u>III</u>	PROCESSED BY <u>EB</u>	
STATISTICAL CLASSIFICATION		APT.	CONDO.		
CLASS NO. <u>21</u>		DWELL. UNITS			
SEWER MAP					
BK. <u>A</u> PG. <u>60</u>					
VALUATION					
\$ <u>1,800 -</u>					
\$					
FINAL DATE					
FINAL By					
ck. 4409					
Expired 10/20/92					
LDMA Ref. #					
LDMA P/C #					
LDMA Perm. #					

INSPECTOR COPY

VALIDATION
 01-44875
 *4875
 022-3157
 11-28
 05-05-92
 21

P1
 01 *6575
 *6575
 022-3158
 11-28
 05-05-92

SEE REVERSE FOR EXPLANATORY LANGUAGE

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